

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

December 29, 2014

To: All Out-of State and Border General Acute Care Hospitals

Re: Inpatient Hospital Reimbursement

Dear Provider:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for out-of-state and border hospitals listed below are effective for admissions on or after January 1, 2015 and are based on Connecticut statewide averages.

APR-DRG Base Rate	\$7,855.63
Behavioral Health Per Diem Rate (DRG 740 – 776)	\$1,050.00
Rehabilitation Per Diem Rate (DRG 860)	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.34700

Please note that charges for hospital based physicians must not be reported on the inpatient claim as these costs are not a component of the APR-DRG base rate. Physicians will need to be enrolled in a professional billing group to enable separate billing and reimbursement. See Provider Bulletins 2014-68 and 2014-79 for further information on physicians/practitioners and APR-DRGs in general.

Additional information, including the APR-DRG weight table and payment calculator, is available on two DSS websites. To access the first website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". To access the second website, go to https://www.ctdssmap.com, and select "Hospital Modernization".

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

Kathleen M. Brennan Deputy Commissioner

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cc:

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